

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/805940	FILING DATE
APPLICANT(S)		

4/26/04 7/7/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	/		/			
25	/		/			
26	/		/			
27	/		/			
28	/		--			
29	/		--			
30	/		/			
31	/		/			
32	/		/			
33	/		--			
34	/		--			
35	/		/			
36	/		/			
37	/		--			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	4/26/04		7/7/05			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		--			
54	/		--			
55	/		/			
56	/		/			
57	/		/			
58	/		--			
59	/		--			
60	/		/			
61	/		/			
62	/		--			
63	/		/			
64	/		/			
65	/		/			
66	/		/			
67	/		/			
68	/		/			
69	/		/			
70	/		/			
71	/		/			
72	/		/			
73	/		/			
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8		8			
TOTAL DEP.	42		32			
TOTAL CLAIMS	50		40			